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ABSTRACT

In this study of depression four women who had previously received a diagnosis of depression were interviewed. From their interviews a chronological retelling of their stories was written, a thematic analysis, an examination of the themes of theoretical explanations of the gender difference in the incidence of depression, and an interpretation of the meaning of each woman's story and themes. The manuscript of each woman's story was sent to her for review, asking her to pay particular attention to how well the story fit or did not fit her experience of depression. Each woman was interviewed a second time, allowing her to collaborate in the telling and interpretation of her story, as well as enabling the researcher to gain a clearer understanding of her theme. Commonalities in all four women's experiences, themes, interpretations, and theoretical implications were written about and again sent to each woman for her review. Finally, a group interview was conducted in which the participants discussed their impressions of the commonalities manuscript and their experiences of participation in the study. The three points which were most important are these: (1) a significant part of the women's experience of depression was connected to various forms of sexual abuse that they had suffered; (2) labels (such as depression) were helpful; and (3) feeling isolated was an important aspect of the experience of depression while feeling "not alone" was one of their experiences in healing. (ABL)

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WOMEN'S EXPERIENCES OF DEPRESSION: THEIR LESSONS FOR US

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Charlene Kamin Schneider

It was my experience of watching women who attended the same church I did back in 1977 struggle and suffer with depression that sparked my interest in studying depression in women and, ultimately, led me back to graduate school. It wasn't until this study was well under way that I became aware of how much the women in my own history had shaped my interest in this topic and the development of this work.

I grew up with the knowledge that my biological mother had committed suicide when I was a year old. During the course of this study I did a search to learn more about my biological family which raised sufficient questions in my mind as to whether my biological mother may have been abused, perhaps even murdered.

My adoptive mother spent years of my childhood in depression after my adoptive father left her. As this study progressed and I told my mother about the abuse in the lives of the women I was interviewing, she revealed to me that she and her sisters had been sexually abused by their father and brothers when they were children.

When I began to study depression in women, I did not realize how much the lives of the women who came before me and who helped to form my own womanhood had pointed toward the work I was setting out to do. In retrospect, I believe this work was in some way a quest to better understand their lives and their pain and to pay tribute to them.

Ethnographic research is research using stories to gather data. I began by telling you a bit about my story and how it relates to the work that I did.

Each of you who chose to hear this presentation today has a story that probably bears on your interest in this topic and your decision to attend. I'd like to go around the table and give each of you two minutes to tell how your story relates to your interest in depression in women. Begin by telling us your first name and then why you came to this presentation.

* * *

You have each told us about important ways women who have experienced depression have impacted your life. You have touched on important themes that women who are depressed experience. I believe there is much for us to learn as clinicians from the stories and themes of those who have experienced depression to better our understanding of and our ability to treat depression.

My study on depression in women was a greatly elaborated version of the exercise we just completed. I interviewed four women who had previously received a diagnosis of depression for two hours (instead of two minutes!) and asked them to tell me about their experiences of depression. From their interviews I wrote a chronological retelling of their stories, a thematic analysis, an examination of the themes in terms of theoretical explanations of the gender difference in the incidence of depression, and my own interpretation of the meaning of each woman's story and themes.

I then sent the manuscript of each woman's story to her for her review, asking her to pay particular attention to how well the story fit or did not fit her experience of depression. I interviewed each woman a second time, allowing her to collaborate in the telling and interpretation of her story, as well as

enabling me to gain a clearer understanding of her themes.

After each woman's story was reviewed individually, I wrote about the commonalities in all four women's experiences, themes, interpretations, and theoretical implications and again sent this manuscript to each woman for her review. Finally, I conducted a group interview where the participants discussed their impression of the commonalities manuscript and their experiences of participation in the study.

The women who participated in this study saw me as their spokesperson. Elizabeth said, "Tell the people. . ." It was as if they agreed to participate in the study so that through me their stories could be told and other women could be helped by their experiences. I've chosen to tell you, for them, the three points I believe are most important.

1) For the women who participated in this study, a significant part of their experiences of depression was connected to various forms of sexual abuse they had suffered. With a sample of only four and base rates of abuse estimated at between 37% (Russel, 1986) and 50% (McGrath, et al., 1991), I cannot claim that I have discovered a causal link between being abused and being depressed. The women who participated in this study, however, did make such a causal claim. Penny said, "After the physical abuse is over, then you have to handle the emotional and the mental abuse that the physical abuse put there." Denise added, "Caused!" "Exactly!," Penny responded. Based on their experiences, a causal relationship between some of their experiences of depression and the abuse they had suffered was

their personal truth.

Although I work with abused women regularly, I was surprised to learn that the accounts of each of the participants included occurrences of various forms of emotional, physical, and sexual abuse. I set out to study depressed women, not abused ones! Perhaps my initial response was a form of denial, a typical response even in therapists who are faced with abuse daily. Herman (1981) quoted a social worker as saying, "It makes me so upset, I really don't want to hear about it." Overcoming this denial about the possibility that a woman who presents for treatment with depression may have a history of abuse is an important lesson for clinicians who are treating depressed women. The common experience of the women in this study which related their histories of abuse and their experiences of depression included feeling intense anger which she may have difficulty expressing, having low self-esteem, feeling considerable self-doubt, needing to maintain a sense of control, feeling unsafe, feeling that she was not cared for or protected as a child, feeling hyper-responsible, feeling much older than she is, feeling that she did not have a childhood, and having difficulty forming intimate relationships. Understanding these experiences from the client's perspective can guide psychotherapists in the formulation of useful interventions when treating depressed women.

A related treatment issue concerns persistent depression which may appear to be a treatment failure. Such prolonged or recurrent depression may signal unresolved abuse issues which need to be addressed in either continued treatment or re-entry into treatment. One participant said tearfully:

I realized there are some things that I'd like to work on. . . the sexual abuse thing, because I just always kind of thought, 'Well, it isn't really that bad. It could have been a lot worse.' The fact is that it was and it hurt. . . it still hurts no matter what it was like. It still hurts. I feel like in talking today, I feel that that would be something I would like to work on and change or fix it somehow. Get it over with and put it behind me.

2) When discussing the positive effects the women experienced from their participation in the study they learned that labels are helpful. Denise said:

I was very glad to participate if it would help someone else, but also it really made me look into a lot of things and the labeling helped me tremendously. To get things labeled and to know and say, 'Yeah, I wasn't just thinking this and I'm not just nuts. This really is something that happened.' Once I get something labeled, I can understand it and I can work on it and I can get help for it. I just feel in the past year, it's just been a tremendous difference in my life. I'm sure this study has been a big help.

Charlene: So for you particularly, calling abuse abuse was a big change for you?

Denise: And shame shame and anger anger. . . It kind of tied up a lot of loose ends for me. Kind of pulled things together. Just helped.

As clinicians, it may be so obvious to us that our client has been abused, or is depressed, or feels angry or ashamed that we fail to say so simply because it is so obvious. But such a simple statement as, "You seem to be depressed," or "Your father was abusive when he did that to you," can be very helpful to our clients. Most often when depressed clients begin treatment they are feeling helpless and out of control. A label provides a cognitive framework in which to begin to understand an experience. Elizabeth said:

I knew that something was wrong, but I didn't even know the word 'depression'. . . I have said to my husband since then, 'You surely didn't live with me and not know there was something wrong, terribly wrong?' His answer was, 'I knew

there was something wrong, but I didn't know what to do about it.'

Finding words to label their experiences seemed to give the participants in the study a sense of personal power. It also, to use Denise's words, "Made me feel like I wasn't nuts!" Naming the experience implied that it was a common enough occurrence that someone had thought of a name for it. It was not a uniquely personal event and was not a figment of the woman's imagination.

3) Breaking the isolation. Feeling isolated was an important aspect of the experience of depression described by the women who participated in this study, while feeling "not alone" was one of their experiences in healing. Interestingly, one of the dynamics of families in which sexual abuse existed, according to Herman (1981) was that, through intimidation or force, the fathers in these extremely patriarchal families kept members of their families isolated from the outside world. This created the illusion to outsiders that they had perfect families, since at a distance, the true state of affairs within the family could not be deduced. Keeping family members isolated also had the effect of keeping them ignorant of what "normal" family life was like.

The women in the study reported finding it tremendously helpful to read that other women shared similar experiences, both of being abused and of being depressed. I began the group interview by asking them what their first impression was when they read the commonalities section. Penny began:

I was relieved. It was nice to know that there are other people out there that have been in the same position that I have been in. It's like you talked about in here about feeling alone. A lot of times when you're really depressed, you do feel like you're all by yourself. . . it's nice to know that there are other people who have gone through the

same things you have. You're not the only one that ever felt that bad.

Denise said:

I keep myself isolated. I drive a tremendous amount, always in my car, but I'm always in that car alone. I eat my meals in the car, drive through the drive-thru and I'm just always isolated. In the evening, we never have any company and the only place we go out is to visit our families down in (another town) and we have no friends that we visit with. . . When I was in the hospital, since I used to work at the hospital, some of the nurses came down that I used to work with. . . we've gotten away from each other because I've isolated myself. She could only stay a few minutes because she was on duty and I just wanted to say, 'Don't leave! Don't leave! I have too much to ask you' . . . I just realized how much I loved all of it and loved being connected with people and I said, 'I have to stop keeping myself isolated. I have to get out and be with people.'

As a first step to breaking the isolation, the women exchanged phone numbers before they left and were chatting as if they were old friends before they walked out the door. Elizabeth and Denise had a forty-five minute drive ahead of them during which they could continue to share their experiences.

Years ago, when I designed the study and though of the final interview in the context of the work of Mies (1983) and Freire (1971) as a process of 'conscientiazation,' a means whereby the participants would have the opportunity to overcome their individualism and see their experiences as part of a larger social context, I thought, "It would be really neat if they wanted to meet again on their own." That they wanted to makes me feel that the study has been a tremendous success.

The positive impact that the reading of their commonalities and their group interview had on the participants is rich with treatment implications. For these women, isolation may not only have been a symptom or result of their depression, but also a

life-long pattern begun in the abusive families in which they were raised. Group treatment is cited as an effective, perhaps preferred form of treatment for survivors of sexual abuse (Courtois, 1989) and for women with eating disorders (Schneider, 1991). The group interview in this study suggests it may also be an effective form of treatment for women who are depressed. Even before the group interview, reading that other women had experiences that were similar to their own had a healing effect. Using a brief vignette, similar to the ones shared here today at the beginning of today's presentation, by depressed women who are about to participate in group treatment could be an effective therapeutic tool in helping women to break out of the isolation of their dysfunctional pasts and their depression.

Perhaps from listening to and retelling the stories of depressed women we can help break the isolation of depression and experience what Penny felt when she read the other women's stories. She said:

When I read these things about these other women I felt like even though I hadn't met them. . . it was like, 'Yeah! I understand that! I understand what that was like for you.'

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